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Examiner

PTO/SB/08A (10-01)
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Substitute for form 1449A/PTO		Application Number	10/618,247		
INFORMATION DISCLOSURE	Filing Date	July 11, 2003			
	INFORMATION DISCLOSURE	First Named Inventor	Lowry		
	STATEMENT BY APPLICANT	Art Unit	3621		
		Examiner Name			
	(use as many sheets as necessary)				
	Sheet 1 of 2	Attorney Docket Number	030354		

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Number - Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		5,978,779	11-02-1999	Stein et al.		
		6.408.282	06-18-2002	Buist		
		US 2002/0042764	04-11-2002	Gardner et al.		
		US 2002/0065752	05-30-2002	Lewis		
				1		

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T⁵
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<sup>&</sup>lt;sup>1</sup> Against unique existion designation number (optional). <sup>2</sup> See Winds Codes of USPTO Patient Documents at <u>www.usolo.com</u> or WPEP 00.10.4. <sup>2</sup> Enter Office that is used the document, by the how dettor one (WPIO) Stander 05.73. <sup>2</sup> For a largenera patient Cocument, the indication of the year of the relign of the Emperor must precede the sarial number of the patient document. <sup>3</sup> Kind of document by the appropriate symbols as indicated on the document under WPO, Stander 05.1 is figures 16.4 in 2005. <sup>3</sup> For a single contraction of the con

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	Examiner Name		
(use as many sheets as necessary)			
Sheet 2 of 2	Attorney Docket Number	030354	

NON PATENT LITERATURE DOCUMENTS				
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	Examiner Signature	/Mohammad Ullah Masud/ 06/17/	2008 Date Considered	06/17/2008
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<sup>&</sup>lt;sup>1</sup> Applicant's unique citation designation number (optional).
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